BOROUGH OF GILLINGHAM

(KENT).

EDUCATION COMMITTEE.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER.

GILLINGHAM:

[illegible] (LTD.), 76, RAINHAM ROAD,

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Table II.—Return showing the Physical Condition, etc., of the Children Inspected during Routine Examination.

Condition.	Entrants.						Leavers.						Intermediate Group (Born in 1905).						Total.					
	Boys.	Per Cent.	Girls.	Per Cent.	Total.	Per Cent.	Boys.	Per Cent.	Girls.	Per Cent.	Total.	Per Cent.	Boys.	Per Cent.	Girls.	Per Cent.	Total.	Per Cent.	Boys.	Per Cent.	Girls.	Per Cent.	Total.	Per Cent.
Total Inspected	551		549		1100		726		572		1298		181		114		295		1458		1235		2693	
Family Medical History. Father dead	12	2	13	2·3	25	2·2	32	4·5	30	5·1	62	4·8	7	3·8	6	5·2	13	4·4	51	3·5	49	3·9	100	3·7
„ „ Consumption	1		2		3		4		10	1.5	14	1·07	1		2		3		5	·35	15	1·2	20	·74
Mother dead	4	·6	7	1·2	11	1	11	1·5	16	2·8	27	2·08	2		4	3·5	6	2	18	1·2	26	2·1	44	1·6
„ „ Consumption	3	·5			3	·5	3		4	·69	7	·5	1		1		2		7	·48	5	·4	12	·44
Previous Medical History. Measles	280	50	279	50	559	50·8	666	91	538	94	1204	92·7	133	73	76	66	209	70·8	1079	74	893	72	1972	73·2
Whooping Cough	224	40	267	49	491	44·6	419	57	361	63	780	60	82	45	52	45	134	45·4	725	49	681	55	1406	52·2
Chickenpox	164	29	183	33	347	31·5	344	47	331	57	675	52	81	44	47	41	128	43·4	589	40	541	43	1130	41·9
Scarlet Fever	28	5	40	7·2	68	6·1	98	13	69	12	167	12·8	21	11	9	8·9	30	10·1	147	10	118	9·4	265	10·3
Diphtheria	16	2·8	13	2·3	29	2·6	35	4·8	40	7	75	5·7	8	4	5		13	4·4	59	4	58	4·7	117	4·3
Pneumonia	31	5·6	35	6·3	66	6	40	5·5	29	5	69	5·3	7	3·9	6		13	4·4	78	5·3	70	5·6	148	5·5
Mumps	12	2	7	1·2	19	1·7	38	5	35	61	73	5·6	6	3·3	7		13	4·4	56	3·8	49	4	105	3·9
Clothing ... Satisfactory Good	159	28	254	46	413	37·5	199	27	244	42	443	34·1	49	27	51	44	100	33·9	407	28	549	44	956	35·5
Satisfactory Average	380	69	292	53	672	61	513	70	326	55	839	64·6	125	69	62	54	187	63·4	1018	69	680	55·5	1698	62·8
Bad	12	2	3	·5	15	1·3	14	3	2		16	1·23	7	4	1		8	2·7	33	3	6	·5	39	1·4
Footwear ... Satisfactory Good	151	27	252	46	409	37·1	192	26	245	42	437	33·6	46	25	48	42	94	31·7	395	27	541	44	936	34·7
Satisfactory Average	375	68	291	53	666	60·5	511	70	320	56	831	64	125	69	61	63	186	63	1011	68	677	54·9	1688	62·7
Bad	19	3·4	6	1	25	2·2	23	4	7	1·2	30	2·3	10	6	5	4	15	5	52	5	13	1·1	65	2·4
Nutrition ... Good	138	25	212	38	350	31·8	15	29	201	34	416	32	54	39	40	35	94	31·7	407	28	453	36	860	31·9
Average	395	71	327	59	722	65·6	483	65	357	62	840	64·7	121	66	70	61	191	64·7	999	68·5	754	61·8	1753	65·1
Bad	18	3·2	70	3·6	88	8	28	6	14	2·4	42	3·2	6	3·3	4	3·5	10	3·4	52	3·5	28	2·2	80	2·9
General Uncleanliness	2						3						1						5	·35			5	
Head ... Vermin	2	·3	4		6	·5	3		5		8	·6	1		2		3		6	·4	11	·8	17	·63
Nits	13	2·3	66	12	79	7·1	14	1·9	129	22	143	11	3		38	32	41	13·9	30	2	234	19	264	9.8
Dirty	5	·9	2		7	·6	9	1·2	9	1·6	18	1·3	2		1		3		16	1·1	12	·9	28	1·04
Body ... Vermin	2		4		6	·5	1		3		4	·3			2		2		3	·2	9	·7	12	·44
Nits																								
Dirty	10	1·8	11	2	21	1·8	11	1·5	10	1·5	21	1·6	2		2		4		23	1·5	23	1·8	46	1·7
Skin Diseases Ringworm	2	·3	2		4	·3	2		3		5	·38	1						5	·35	5	·4	10	·37
Scabies			1		1																1			
Impetigo	7	1·2	5		12	1	4		4		8	·6	2		3		5		13	·88	12	·97	25	·9
Other Conditions																								
Teeth ... Sound	94	17	106	19	200	18·1	140	19	113	19	253	19·5	28	14	16	14	42	14·2	262	18	235	19	497	18·4
Less than 4 decayed	260	46	249	45	509	46·2	407	67	292	51	699	53·8	80	45	61	53	141	47·8	747	51	601	48·5	1348	50
Needing immediate treatment	196	35	194	35	390	35·5	179	14	167	30	346	26·6	73	40	37	32	110	37·3	448	31	399	32·5	847	31·4
Nose and Throat Tonsils Needing Operation	29	5·2	30	5·4	59	5·3	31	4·2	25	4·4	56	4·3	7	3·8	6	5·2	13	4·4	67	4·6	61	5	128	4·75
Tonsils Not „ „	42	7·6	51	9	93	8·4	72	10	54	9·4	126	9·7	20	11	10	8·7	30	10·1	134	9	115	9·3	249	9·2
Adenoids alone Needing Operation	9	1·6	10	1·8	19	1·7	5		7		12	1	2		5	4·4	7	2·3	16	1·1	22	1·7	38	1·4
Adenoids alone Not „ „	4	·6	5	·9	9	·8	6		2		8	·6	1		1				12	·8	8	·64	20	·74
Mouthbreather	27	4·9	25	4·5	52	4·7	30	4·1	22	3·8	52	4	7	3·8	4	3·5	11	3·7	65	4·4	52	4·2	117	4·3
Nasal Obstruction	7	1·2	2		9	·8	7	·96	3		10	·77	2						15	1·03	3		18	·66
Enlarged Glands Anterior	113	20	105	19	218	19·8	167	23	140	24	307	23·6	40	23	28	24	68	23·05	320	22	273	22	593	22
Posterior	156	28	115	20	271	24·6	75	10	80	14	155	11·9	29	10	20	17	49	16·6	260	18	214	17	474	17·6
External Eye Disease	7	1·2	15	2·7	22	2	15	2	21	3·6	36	2·7	4	2·2	4	3·5	8	2·7	26	1·8	40	3·2	66	2·45
Corneal Ulcers			1		1																1			
Corneal Opacities	4	·6	6	1	10	·9	4		1		5		1						9	·6	8	·64	17	·63
Defective Vision 6-12ths or 6-9ths with symptoms R							50	6·9	52	9	102	7·8	8	4·4	6	5·2	14	4·7	59		58		117	
6-12ths or 6-9ths with symptoms L							52	7·1	48	8·4	100	7·7	10	5·5	7	6·1	17	5·7	62	9·5	55	10·6	117	10·06
Squint	15	2·7	14	2·4	29	2·6	4		2				1		2		3	1	19		18		37	
Otorrhœa	11	2	8	1·4	19	1·7	17	2·3	13	2·2	30	2·3	3		2		5		31	2·1	23	1·8	54	2·0
Defective Speech Stammering	2		2		4	·3	9	1·2	3		12	1	2				2		13		5		18	·66
Defective Articulation	1		2		3	·2	3		2		5	·3							4		4		8	
Mental ... Backward	6		3		9	·8	12	1·6	8	1·4	20	1·5	2		1		3		23		16		39	1·4
Very Backward	1		1		2		2				2								3		1		4	
Mentally Defective	2				2														2					
Heart Disease Functional	4	·6	4		8	·7	14	1·9	4		18	1·3	2				2		27	1·8	29	2·3	56	2·08
Heart Disease Organic	32	5·8	28		60	5·4	34	4·7	26	4·5	60	4·6	7	3·8	4	3·5	11	3·7	67	4·6	38	3	105	3·9
Bronchitis Bronchial Catarrh	67	12	46	8·3	113	10·2	33	4·5	12	2	45	3·4	6	3·3	4		10	3·3	106	7·2	65	5·2	171	6·35
Tuberculosis Glandular	5	·9	1		6	·5	4				4		1				1		10		1		11	
Tuberculosis Pulmonary			2		2				1		1				1		1				4		4	
Tuberculosis Osseous																								
Pretubercular	12	2·1	8		20	1·8	11	1·5	9		20	1·5	2		3		5		22	1·5	19	1·6	41	1·5
Paralysis																			3				3	
Chorea									2		2										2		2	
Epilepsy																								
Rickets	4		1		5	·4													4		1		5	
Deformities Spine	1		1		2														1		1		2	
Deformities Chest	30	5·4	8		38	3·4	40		8	1·4	48	3·6	9		1		10	3·3	79	5·4	17	1·3	96	3·56
Deformities Other	8	1·4	4		12	1	4		6		10		1		2		3		13		12	1	25	·9
Anæmia	23		10	1·8	33	3	17		26	4·5	43	3·3	2		4		6		39	2·7	40	3·1	79	2·93
Goitre									4		4										3		3	
Nervous, highly strung, etc.	21	3·8	34	6·1	55	5	16		42	7·3	58	4·4	2		7	6·1	9	3	39	2·7	83	6·7	122	4·5
Parents present	348	63	387	70	735	66·8	201		264	46	465	35·8	79		74	64	153	51·8	628	43	725	58	1353	50·2
Total in whom defects were found Slight	457		458	83	915	83·1	604		455		1059	81·6	151		112		263	89·1	1212		1025		2237	83·0
Total in whom defects were found Needing Medical Treatment	56		48	8·7	104	9·4	74		67		141	10·9	18		17		35	11·8	148		130		278	10·3
Written Notices sent	43		36		79	7·1	111		83		194	14·9	28		16		44	14·9	278		232		510	18·9

Special Cases:—Boys, 5; Girls, 6; Total, 11.

Annual Report
OF THE
School Medical Officer.

School Medical Department,
Gardiner Street,
March 20th, 1914.

To the Chairman and Members of the Gillingham Education Committee.

Mrs. Barnett and Gentlemen,—

I herewith submit the Annual Report on the work of the School Medical Department during the year 1913. As regards form and scope it follows the lines customary in such reports, and embodies in addition the analysis tables suggested in the appendix to the last Annual Report of the Chief Medical Officer to the Board of Education.

TABLE I.

Number of Children inspected in School from 1st January to 31st December, 1913.

A. "Code" Groups.

Age.	Entrants.						Leavers.					Grand Total.
	3	4	5	6	Other Ages.	Total.	12	13	14	Other Ages.	Total.	
Boys	—	51	429	56	15	551	514	172	31	9	726	1277
Girls	—	39	443	45	22	549	409	121	32	10	572	1121
Total		90	872	101	37	1100	923	293	63	19	1298	2398

B. Groups other than "Code."

	Intermediate Group.	Special Cases.	Re-Examinations.
Boys ...	181	5	398
Girls ...	114	6	572
Total ...	295	11	970

Grand Total - 3,674.

FOREWORD.—Practically every child in school, with the exception of the recent entrants, has been at some time or other medically examined. Many have been examined more than once; some, if we include re-examination, many times. Knowledge of this fact will explain the low percentage figures of some defects in Table II. Many of the children having been previously examined have had the defects then discovered remedied. In other cases, e.g., those suffering from tuberculosis, the children affected have been excluded from school, with consequent diminution in the numbers found tuberculous on subsequent inspection.

Apart from special visits, every School was medically inspected at least twice during the year. Altogether 3,674 children were examined at school.

ALTERATIONS AND IMPROVEMENTS IN OFFICE ACCOMMODATION.—During the year the office accommodation in Gardiner-street was improved in the following respects:—

(1) A new room was fitted up in which to carry on the minor ailment clinic. It is also used for the purposes of the inspection clinic, and by the Medical Officer of Health for examining returns after notifiable infectious diseases.

(2) A special room was fitted up for the accommodation of the Medical Officer. It contains a special lamp for eye and throat examination, a roll-top desk, and book-cases. It is used for special examinations, refraction work, etc.

(3) Another room was laid out as a clerk's room, and fully fitted up in all respects.

(4) Two other rooms in the same building were arranged to meet the requirements of the Dental Clinic.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

NUTRITION.—The nutrition of the children is on the whole satisfactory, and I should say somewhat above the average for industrial boroughs of a similar size. This is no doubt attributable to a combination of factors which invariably make for a good standard of home comfort among industrial communities, viz., regular work and small families.

In 3 per cent. of the children examined the nutrition was returned as bad. The inclusion of a child in the category was determined mainly by appearances. A scientific estimate of nutrition, based on the relation between height and weight, is obviously impossible in the time at the disposal of a Medical Inspector; and I query that the results are more reliable than those based on inspection alone. After some thousands of examinations of school children one can, with a degree of certitude, pick out on sight the badly-nourished child, so definite is the picture conveyed.

Good nutrition connotes a body healthy in every respect, a muscular system of good tone, a properly functioning nervous, circulatory, and digestive system. It does not depend solely on the presence of a substantial amount of fat—as many parents seem to think. In point of fact, many children suffering from anæmia or rickets are quite fat. But they must, nevertheless, be tabulated among the badly nourished.

Quality is quite as important a factor as quantity in arriving at a proper estimate of a child's nutrition. The firmness of the tissues, the colour of the skin and mucuous membranes, the expression and general deportment, all have to be taken into consideration.

The majority of cases of malnutrition among local elementary school children may be set down either to the poverty or the negligence of the parents. In the latter case the condition is commonly found in conjunction with defective clothing or footwear, general uncleanliness, and home conditions of fecklessness or squalor. Other causes noted were insufficient hours of sleep, congenital debility, recent illness, and work out of school hours.

Apparently necessitous cases are recommended for admission to the school dinners; and it is gratifying to note that the nutrition of the children attending the latter was visibly satisfactory, thus testifying in an unmistakeable manner to the good work done by the school canteens in raising the level of nutrition, and therefore of educability, among the poorest class of elementary school children.

UNCLEANLINESS.

The figures given under this heading in Table II. must be taken to represent a more satisfactory state of affairs than actual every-day conditions would justify one in recording. The figures are based on the conditions found during routine examination at school, of which every parent receives at least two days' notice. It is, therefore, only to be expected that some children appear dressed and groomed *de rigeur* on the day of medical inspection, who will be guiltless of another overhauling until the next examination is imminent.

The returns from the surprise visits of the Nurse give a more reliable estimate of the true state of affairs. The results show that 1.3 per cent. of all children examined have to be excluded for verminous heads, .65 per cent. for verminous bodies, whilst 5.6 were returned as having markedly nitty heads.

It is not the place of a School Medical Officer to be flattering, even if satisfied, where he can discern possibility of further progress. Nevertheless, it must be allowed—subject to the reservations expressed hereafter—that the condition of the children on

the whole is comparatively satisfactory. Doubtless the same factors that conduce to a good average of nutrition likewise render the proper clothing and cleansing of children a matter of small difficulty, compared with localities where families are large, wages small, and employment precarious. Despite, however, the general truth of the above statement, it is still, unfortunately, the fact that the subject of uncleanliness—especially that of verminous conditions—still occupies to a far too large extent, the time, thought, and activities of the School Medical Staff. Time absorbed in this direction, however desirable the end in view, is time used up to bad advantage—time which, under better conditions, might be devoted to measures directly productive of health and the eradication of disease. The energies—and they are very considerable—which have to be expended in order to achieve the cleanliness that common decency, if not parental duty should ensure, would be much more profitably (and more congenially) employed in the further examination of delicate or defective children, in the correction of visual defects, or in pursuing investigations into the many points in connection with school medical work which cry for elucidation. This continual struggle against uncleanliness accounts at the present time for the major portion of the Nurse's time. The remainder is taken up with the attendance at medical inspections and at treatment. Systematic home visiting and following up have thus to be practically abandoned, although no system of medical inspection can be considered complete without them.

The most unsatisfactory aspect of this whole question is that all such trouble is referable to four or five dozen families who have been on the black list since the inception of school medical work. Despite innumerable threats, warnings, and admonitions, they still appear and re-appear neglected, ill-clothed, or verminous, with wearying and disheartening regularity. They function as constant reservoirs for the supply of vermin to the schools, and are a perennial source of annoyance and infection to all around them.

The majority of these chronic offenders are found in schools in

the Old Brompton and Gillingham village districts, and of those in the former locality many live altogether outside the Borough. It is thus impossible to arrange for home visiting. On the other hand, no measures however radical from the school alone, will be fully effectual unless supplemented by efforts directed towards levelling up the home conditions. To ensure attention on the part of the neighbouring authorities the names and addresses of the worst cases are referred to the Medical Officer of Health of the districts concerned, who directs his officers to take measures accordingly.

The time has come when prompt and summary legal action should be taken against these chronic offenders. The interests alike of the children themselves and of those around them demand it. It is proposed, therefore, to proceed in future under the Children Act, 1908, in cases of the above nature. Under Section 122 powers are given to take such measures (including cutting off the hair) as may be considered necessary to cleanse the heads of vermin. And if the condition is again found on any subsequent examination the parents may be prosecuted out of hand.

Experience goes to show that nothing short of legal compulsion will ensure conformity to the rules of ordinary cleanliness on the part of the careless and slovenly parent. They are, it would appear, past the age when they can be persuaded to adopt new domestic standards. All the more reason, therefore, that high standards should be demanded from those children now emerging from pupilage, so that they may carry a well-learned lesson into the home of the future, and render the present coercive measures and the unseemly conditions which necessitated them no more than an ugly memory in times to come.

DECAYED TEETH.—At this time of day it is no longer necessary to emphasize either the widespread prevalence of dental caries, or the serious effects, direct or indirect, of such a condition on the health of children. It is a matter of general recognition. As to the causes, however, of dental decay, there is

still an immense amount of work to be done in educating the public to a full appreciation of the importance of proper food and proper cleansing in the prevention of this condition.

All observation and investigation points to the necessity for hard cleansing food, which gives the jaws some work to do at the crucial period before and during the eruption of the permanent teeth. On the other hand the best quality teeth will run grave risks of decay if constantly subjected to the corroding influences of fermenting food in the interdental spaces; or, in other words, if their cleansing by means of toothbrush and powder is dispensed with.

There is in Gillingham as elsewhere an enormous amount of dental decay among school children. Nevertheless it is a fact that the condition here is noticeably better than that on the western side of the country, where my previous experience of school children chiefly lay. The returns show that 18 per cent. of the mouths examined manifested, as far as can be ascertained by a necessarily rapid examination, no decay either of temporary or permanent teeth. This probably over-states the proportion of sound dentitions. And it will be observed that Dr. Roberts returns the percentage as six.

On the other hand, the School Dentist's examinations have been limited to the 5-7 year age groups, that is to the period when the temporary teeth are about to be shed and when consequently the amount of dental decay is usually at its maximum. The true percentage lies somewhere between the two, and is, as far as my experience goes, somewhat above the average.

As to the cause of this, one cannot speak with any degree of certainty. It may be that the quality of the dental material is hereditarily good; or it may be due to the notably large lime content of the drinking water. It cannot be due to any difference in the dieting of children, which is substantially the same as elsewhere; nor to any superiority in the cleansing of the teeth, which does not exist.

ADENOIDS AND ENLARGED TONSILS—Roughly, 7 per cent. of the children examined have adenoids or tonsils needing immediate attention. This percentage is smaller than that here-to-fore recorded, and is due to the fact previously mentioned, viz., that practically every child in school, apart from entrants, has been medically examined at least once. Many cases have consequently been operated on as a result of advice given at previous inspections.

In view of the serious consequences of this condition, in the form of tuberculous or suppurating cervical glands, middle ear disease, nasal obstruction, chest deformity, impaired pulmonary capacity, and general mental dullness, it is of prime importance that full treatment should be carried out at the earliest opportunity. Furthermore, a child suffering from these defects is a possible source of danger to the community, being especially liable to infectious fever and being frequently in addition a "carrier" of such trouble. There is little doubt that chronic "carriers" are responsible for much of the diphtheria so prevalent among school children; and such "carriers" will be almost invariably found to be suffering from some morbid condition of the throat or nose, very frequently adenoids.

It is gratifying, therefore, to be able to state that the majority of cases notified are attended to before re-examination. The improvement in many cases is obvious. For when fully treated there is no condition which gives more speedy and patent results. Bad results are generally due to the failure to take advantage of the cleared nasal passage to enforce nasal breathing after the removal of adenoids. The mere removal of adenoids is in itself without much significance if the sequel is not the permanent establishment of easy nasal breathing.

Forty-three cases were sent for operation to St. Bartholomew's Hospital, Rochester, since the sanction in March of the arrangement entered into with the hospital authorities.

RINGWORM.—Ten cases of this complaint were discovered

during routine inspection, giving a percentage of .37 of those examined. As in the case of uncleanliness, this figure cannot be taken as applying to school children generally. The majority of ringworm cases have already been excluded from school or are otherwise under observation. A better idea of its prevalence will be gained from the number of attendances at the inspection clinic during the year, viz., 554, whilst 18 cases attended 134 times during the six months in which the treatment clinic had been in existence. Altogether I estimate there are 100 active cases of ringworm among school children.

As at present situated, it is practically impossible to bring this complaint under control. Firstly, treatment by the application of drugs is frankly unsatisfactory. In the minor ailment clinic it is found that the treatment of ringworm of the scalp takes double the time of any other condition treated, and gives least results. I cannot say that as a result of the clinic the incidence has been in any way diminished.

In the second place, enquiry shows that ringworm is even more prevalent among children below school age than among those at school. Any measures, therefore, which leave the former out of account cannot be expected to achieve a complete eradication.

Children excluded for ringworm of the scalp are allowed to return to school with a cap and lining after a month or six weeks' exclusion under observation. This proceeding cannot be considered altogether satisfactory. And if the present incidence continues unabated, the policy of complete exclusion may reasonably have to be considered in the near future.

From the foregoing it may be deduced that the institution of an X-ray apparatus, or at least access to an installation, is almost a necessity; unless one is prepared to tolerate indefinitely a round hundred of cases among the school children, with the loss of attendance and other disabilities implied.

DEFECTIVE VISION.—10 per cent. of routine examination showed defective vision to the extent of 6-12ths or 6-9ths with

symptoms. As commonly noted, the figures were slightly higher for girls than for boys, due, it is believed, to the greater amount of near work they have to perform in the form of needlework, sewing, etc.

As the principal pathway through which a child receives the multitudinous impressions on which education is based, the importance of maintaining a high standard of visual acuity is obvious. But apart from that, defective vision may be directly prejudicial to health. The type known as astigmatism is accountable for many obscure reflex troubles; whilst with hypermetropia, it is thought by many to be the most common cause of intractable headache in children.

Squint, although treated lightly by many parents, may easily ruin the whole after-career of a child. It is a complaint which calls for immediate treatment once it has made its appearance. If allowed to persist for a few years one eye invariably becomes semi or totally blind. And even after a single year it is difficult to produce the fusion of images on which perfect vision depends. Generally speaking, treatment after the age of five is disappointing, when compared with the results obtainable at the age of two or three. This fact should be well noted by mothers who plead that the peculiarity "runs in families," or that "everyone of the children had it and it did them no harm," etc.

The principal remediable cause of defective vision is without doubt, the defective lighting, whether it be natural or artificial, of class-rooms, and the prolonged and severe eyestrain consequent thereon. Particular attention is therefore necessary to secure the ample and proper lighting of schools, attention which I regret to say some non-provided schools have yet to receive. In regard to the natural lighting of the latter schools a long list of defects has been noted; general insufficiency of illumination, faulty placing of windows, insufficient size of windows, bad colouring of walls and fittings. So, too, the artificial lighting was in some cases grossly below requirements.

In schools of proper natural lighting the question of artificial

illumination is of minor importance, since natural light will be sufficient for vastly the greater part of school time. But in badly lighted schools recourse has to be had to artificial illuminants sometimes for the greater part of a winter's day. If then the artificial lighting is not well up to standard, a still further strain is thrown upon eyes—already overtaxed through insufficiency of natural light—with serious consequences to vision.

One specialist noted that "bad cases of defective vision occur in far greater numbers and of a more severe type among the twelve-year-old children than among the younger ones. Previous reports exhibit similar figures. It can only therefore be concluded," he says, "that a serious development of this defect occurs during school life, and in view of its gravity it is very desirable that all practicable means be used to prevent its onset." I would therefore again call attention to the necessity for re-organising the lighting of certain non-provided schools—notably the Wesleyan Girls' School—before the recurrence of the dark days and long evenings of late autumn and winter.

TUBERCULOSIS.—Eleven cases of glandular and four cases of pulmonary tuberculosis were found during routine inspection. A further ten cases of glandular tuberculosis and five of pulmonary were discovered at the inspection clinic. As in the case of some figures in preceding sections these do not represent the total amount of tuberculosis among school children. Of pulmonary tuberculosis, for example, the majority of cases have already been excluded as a result of a previous examination. The same applies to all other varieties of the disease, except in less severe cases of the glandular form. Altogether I have records of over 82 cases among school children, and I might reasonably assume the total to reach 125.

The facilities for the constitutional treatment of tuberculosis consist alone of the Rochester Hospital out-patient department, the tuberculous dispensary, and, for those whose circumstances entitle them to Poor Law assistance, the Medway Union In-

firmary. There is no special school or school sanatorium. The tuberculosis dispensary commenced operations in June, and up to the end of the year 29 cases were referred for examination and treatment to Dr. Smyth, the Tuberculosis Physician. In every case a report is returned to the School Medical Officer, giving the diagnosis, line of treatment, and duration of exclusion from school, where such becomes necessary. I should like to thankfully record the great assistance received from this institution and the courteous officer in charge.

The majority of children suffering from tuberculosis, of whatever form it be, have to be excluded from school, and often for a very prolonged period. Many such children are not seriously ill, certainly not totally incapacitated. It seems therefore wasteful that they should be precluded from all possibility of receiving education. Indeed, having regard to the home circumstances in many cases, it seems even doubtful wisdom, from a hygienic point of view, to compel them to remain at home. But under present circumstances there is little option.

Whatever objections there may be as to sending tuberculous children to ordinary schools, there can be no doubts and no compunction about sending them to an open-air or to a sanatorium school. I calculate that a minimum of forty cases at present under exclusion, are eminently suitable for modified, and in some cases, for full education under such conditions.

Forty-one children were returned as being pre-tuberculous, that is, suspected or possible cases of tuberculosis. Those children are referred to the inspection clinic for further detailed examination, and where there is any doubt they are sent to the Tuberculosis Dispensary for a final diagnosis.

All children resident in a home from which a case of tuberculosis has been notified are treated as belonging to this class, and receive special attention at examination time.

For this purpose arrangements have been made whereby the names of all such children and the schools attended by them

are sent to the School Medical Officer by the Medical Officer of Health, as the notifications are received. In addition, the names and schools attended by all notified cases of tuberculosis between the ages of 5 and 14, are sent periodically to the School Medical Officer, so that cards and records may be made for possible future reference. In this way it is hoped that ultimately every case of tuberculosis among children of school age will be known, recorded, and tabulated.

RE-EXAMINATION, FOLLOWING-UP, &c.—Children falling within the following group are re-examined at each routine inspection of a school, that is at least twice per year.

(1) All children needing medical attention, whether condition was discovered at school or at the inspection clinic.

(2) Tubercular and pre-tubercular children.

(3) Children who have been found at any time to be infected with vermin.

(4) Those who have had contagious skin diseases.

(5) Those who have had defective clothing or footwear, or who have been otherwise neglected.

(6) Those who have eye symptoms without apparent diminution of visual acuity, in order to exclude the possibility of overlooking astigmatism of low degree, which often causes much trouble at later ages.

(7) Cases of cardiac disease, chorea, anæmia, etc.

(8) Children who have attended the inspection or treatment clinic and whom it is considered advisable to examine again.

(9) All other cases whose cards are marked for re-examination.

The results of re-examination are entered up on a special reserved space of the inspection card. If treatment has not been carried out a second specially worded note is sent, to be followed by a legal notice threatening prosecution if the condition is still untreated at the time of second re-examination. If this is not

effectual the case is either put into the hands of the N.S.P.C.C. or reported to the Medical Sub-Committee for further action. It is very rarely necessary to do either.

The following is a tabular synopsis of the results of re-examination during the year:—

Defect.	No. Examined.	Full Treatment.	Partial Treatment.	No Treatment.	Improved.	No Improvement.
Defective Clothing or Footgear ...	18	—	—	—	15	3
Uncleanliness ...	105	3	3	—	60	39
Decayed Teeth ...	63	3	9	42	9	—
Skin Diseases ...	99	42	6	3	42	6
Enlarged Tonsils ...	129	63	6	45	15	—
Adenoids	15	9	3	—	3	—
Enlarged Tonsils and Adenoids	60	33	9	15	3	—
Defective Sight ...	255	141	12	93	6	3
Otorrhœa	21	6	—	—	15	—
Pre-tuberculous ...	45	—	—	—	33	12
Other Defects ...	150	12	3	12	93	30
TOTAL	960	312	51	210	294	93

HOME VISITING.—With the staff at present at the disposal of the School Medical Officer it is impracticable to carry out home visiting except on the very smallest scale. A limited number of specially selected cases have been visited by the School Nurse during the year. But the time at her disposal for this rather

important branch of school work is so small as to render the work done almost negligible.

The activities of one Nurse are fully taken up with the necessary attendances at school inspection, treatment and inspection clinics, independent examinations as to clothing, cleanliness, verminous condition, etc., and the entering up and filing and keeping in order of the large number of cards which all this work necessitates.

Furthermore, with the increased amount of routine inspection the time for surprise visits on the part of the Nurse is correspondingly diminished, so that teachers are commencing to notice an increase in the number of verminous heads and contagious skin diseases. On these grounds alone the appointment of another whole or part-time Nurse is eminently desirable. Her services could be utilised in many other useful directions, as pointed out in the section dealing with the work of the School Nurse.

In connection with home visiting, the services of the Attendance Officers, notably Mr. Baxter, were constantly requisitioned. Cases of the following classes were referred to them as they came to the notice of the School Medical Officer.

(1) Children who fail to attend the Inspection Clinic on day specified, especially if they have been excluded from school.

(2) Children who fail to be properly cleansed within the time allowed, and who have consequently to be excluded from school for a further period.

(3) Children absent from school for prolonged periods from apparently insufficient causes.

(4) Any other children whom the School Medical Officer considers to need looking up.

The Attendance Officers on their part refer to the Inspection Clinic any cases whom they have reason to suspect are malingering or absenting themselves for trivial and insufficient causes.

Similarly the aid of the local officer of the N.S.P.C.C., Inspector Collard, has been invoked in the following instances—

(1) Where parents refused treatment after repeated notice from the School Medical Officer.

(2) Where children were in a condition of neglect by reason of vermin, uncleanliness, defective clothing or footwear, or any other cause.

(3) Where there was any reason to suspect cruelty on the part of parents or Guardians.

In all instances the visits of the Inspector have had the desired result.

SCHOOL CLINICS.

I. THE INSPECTION CLINIC.—The attendance at the inspection clinic during the year numbered 4,322.

The children who attend are mainly as follow:—

1. Those excluded for vermin or skin diseases.

2. Returns after infectious diseases.

3. Those referred for further examination at the routine inspections at school.

4. Those exempt from school for various reasons, and who are required to attend periodically for observation and examination.

5. Children referred to clinic by teachers, nurse, or attendance officers.

6. Those brought independently by parents.

A card is kept for every child who attends, and a written record is made of the condition of the child and any comments necessary. The cards are filed according to the schools attended, and brought to the schools when the latter are visited for inspection. All cases that may be deemed to need it are then re-examined.

The following table gives the number of attendances at the inspection clinic during 1913, for the various conditions specified.

INSPECTION CLINIC—MONTHLY ATTENDANCE.

Month.	Catarrh, Sore Throat, Colds, etc.	Vermin of Head or Body, Nits, etc.	Ringworm.	Impetigo.	Itch.	External Eye Disease.	Tonsils and Adenoids.	Tubercular and Pre-Tubercular	Otorrhœa	Returns after Infectious Disease.	Other Conditions.	Total.
JANUARY.....	30	39	27	16	16	27	20	15	5	65	54	314
FEBRUARY ...	54	37	16	23	5	19	11	11	11	88	59	331
MARCH	34	76	53	13	6	64	10	17	28	28	92	421
APRIL	15	81	53	17	2	29	6	15	15	52	73	358
MAY	46	127	47	22	14	39	24	21	45	27	72	484
JUNE.....	30	87	75	29	9	49	26	31	15	15	72	438
JULY	29	44	73	42	13	17	81	17	6	45	53	420
SEPTEMBER	21	37	53	23	7	19	14	10		32	65	281
OCTOBER.....	52	38	47	9	4	17	14	5		88	50	324
NOVEMBER...	47	55	49	32	7	9	11	10		54	92	366
DECEMBER ...	61	79	61	55	10	11	15	21	47	82	140	582
Total	419	394	554	281	93	300	232	173	172	576	822	4322

II.—TREATMENT CLINIC.—The clinic for minor ailments commenced operations in May. From that time until the end of the year the work done is summarised in the following table.

TREATMENT CLINIC.

No. of Attendances per Month and Conditions Treated.

Month.	Ring-worm.	Impetigo	Otorrhœa	External Eye Disease.	Other Con-ditions.	Total.
May ...	7	14	3	2	8	34
June ...	10	23	18	21	24	96
July ...	10	8	31	16	12	77
Sept. ...	20	2	11	9	25	67
October	27	5	29	46	15	122
Nov. ...	28	34	89	82	40	273
Dec. ...	39	27	157	75	37	335
Total ...	141	113	338	251	161	1004

The clinic was held from 11-12.30 on Tuesdays and Thursdays, and from 2.30-4 on Thursdays. As in the Inspection Clinic a card is kept for every child attending, and the treatment is entered upon each attendance. Considerable difficulty is experienced in getting some to attend regularly, several cases having to be refused treatment altogether owing to prolonged failure in this direction.

III.—OTHER PROVISION FOR TREATMENT OUT OF THE PUBLIC FUNDS.—A sum of ten pounds per annum is contributed to St. Bartholomew's Hospital, Rochester, in return for which the treatment is undertaken of all cases of defective sight, and diseases of the throat, nose, and ear, which are referred to the hospital by the School Medical Officer. A special book

of out-patient admission forms has been placed at the disposal of the School Medical Officer for the purpose.

The agreement was ratified in March, and from that time until the end of the year 105 cases were sent to the hospital, made up as follows:—

Enlarged Tonsils	19
Enlarged Tonsils and Adenoids ...	15
Defective Sight	41
Adenoids	9
Other conditions	21

The arrangement, by enlarging the facilities for prompt treatment, is undoubtedly a very material gain to the utility of the School Medical Department. The mere discovery and tabulation of defects is a futile and wasteful proceeding if the way is not clear before hand to the full and early treatment of all defects so discovered.

Since the commencement of the New Year, sanction has been received to the expenditure of £1 per annum towards the provision of spectacles in necessitous cases.

In three cases spectacles were provided by the Poor Law Authorities, the families concerned being in receipt of relief.

THE WORK OF THE SCHOOL NURSE.—Apart from the work done in conjunction with the Medical Officer, the School Nurse independently carried out the work represented in the subjoined table:—

Month.	Visits to Schools.	Visits to Homes.	Nits in Hair.		Verminous Heads.	Verminous Bodies.
			Slight.	Bad.		
January ...	11	67	1015	25	12	4
February ...	20	21	443	50	12	3
March	16	11	383	18	15	4
April	26	4	1596	130	26	13
May	19	12	1536	305	28	10
June	12	3	1275	82	27	7
July	17	7	797	95	21	5
September ...	40	5	769	105	14	5
October ...	8	11	1539	8	3	2
November ...	21	—	1438	74	5	2
December ...	9	—	911	59	6	1
TOTAL ...	199	141	11702	651	169	56

As mentioned previously, the work at present falling to the lot of the School Nurse is more than can be satisfactorily undertaken by one person. Her duties are in addition of a trying and thankless nature, and her ministrations are often received in anything but a welcome spirit, especially when they take the form of admonitions to parents concerning dirty or verminous children. With the institution during the year of two new clinics and a further increase in the amount of routine school inspections, the duties have increased beyond the possibility of complete performance. Another nurse, preferably a whole-time one, would be an economic and a productive investment. She would be, as the occasion demanded, employed as follows:—

1. To carry out the home visiting at present in abeyance, i.e., to visit homes on the direction of the Medical Officer to ensure

the carrying out of his recommendations, and to advise as to treatment in cases of skin disease, chorea, pre-tuberculosis, and any other conditions in which it may be found advisable.

2. To visit homes in connection with outbreaks of measles, whooping cough, mumps, etc.

3. To assist, if necessary, at the school clinics.

4. To make special enquiries where advisable.

5. To assist at possible future developments in the work of the School Medical Department.

ACKNOWLEDGMENTS.—The willing help of the head teachers is gratefully acknowledged, especially of such as took a live interest in the hygienic conditions of their school and children.

The teacher can powerfully supplement the efforts of the doctor in the direction of bettering the physical condition of the children, by helping to secure the treatment of defects, by combating uncleanliness among the children, by referring cases for examination and treatment, and in divers other ways.

In most cases such aid has been freely and unstintingly given.

I desire also to acknowledge the cordial co-operation of the Secretary of Education in various administrative matters; of the School Dentist, Dr. Roberts, in the organisation and conduct of the dental clinic; of the School Nurse in the general work of the Medical Department, and especially in the effort to eradicate verminous conditions; and of my clerk, Mr. Francis, for valuable assistance in preparing the complicated statistics for the Monthly and Annual Reports.

I am,

Mrs. Barnett and Gentlemen,

Faithfully yours,

S. B. WALSH, M.D., D.P.H.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
Blind (including partially blind).		Attending Public Elementary Schools	9	5	14
		Attending Certified Schools for the Blind	3		3
		Not at School*	1		1
Deaf and Dumb (including partially deaf).		Attending Public Elementary Schools			
		Attending Certified Schools for the Deaf			
		Not at School		2	2
Mentally Deficient.	Feeble-minded.	Attending Public Elementary Schools	47	26	73
		Attending Certified Schools for Mentally Defective Children			
		Not at School		2	2
	Imbeciles.	At School	5	6	11
		Not at School		3	3
	Idiots.	——			
Epileptics.		Attending Public Elementary Schools	8	4	12
		Attending Certified Schools for Epileptics			
		Not at School		2	2
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools	32	28	60
		Attending Certified Schools for Physically Defective Children			
		Not at School	1	1	2
	Other forms of Tuberculosis.	Attending Public Elementary Schools	2	3	5
		Attending Certified Schools for Physically Defective Children			
		Not at School		1	1
	Cripples (other than Tubercular).	Attending Public Elementary Schools	9	4	13
		Attending Certified Schools for Physically Defective Children	1		1
		Not at School	1	1	2
Dull or Backward.		Retarded two years	16	7	23
		Retarded three years ...	10	9	19

* Arrangements being made for his admission to a special school

N.B.—This table has been compiled mainly from returns sent in by the Head Teachers. The figures have not been medically verified.

Report of the School Dentist.

Mrs. Barnett and Gentlemen,

I have pleasure in submitting my report for the half year ending December 31st for the Dental Clinic.

The work was commenced in July and during the earlier months the full time was not devoted to the work owing to the inspections at the schools, which could only be carried out in school hours. During the latter part of the time the two afternoons per week of three hours each have been regularly occupied in operative and conservative work. Examinations have been made in all the schools except Barnsole Road Infants', and this is due to the great amount of work which has accumulated from the other schools.

The method of procedure has been to visit the schools, and examinations have been limited to children of from 5--7 years of age—namely those whose permanent teeth are about to erupt. It is impossible to do more than this at the present time, though children above the ages mentioned are not excluded in cases of urgency, and during the past few months many of the older children suffering from toothache or acute dental trouble have been sent by the Teachers for treatment.

After the children have been examined, records of the conditions present in the mouth are kept, and when treatment is

needed, parents are notified, and appointments are given in rotation. However, it is impossible in the time allotted to do more than a part of the work, some children having to wait two or three months before attention is given. It has therefore been my practice to deal with the more urgent cases first.

During the early months a great deal of scepticism existed in the minds of many parents with regard to the necessity for dental treatment, but I am glad to report that this is becoming less, a great many now expressing their appreciation of what is done for the children, and are already speaking of the benefits derived from the treatment received.

Until now I have not been able to find the time to re-inspect the children who have received treatment, but it is my intention to set aside two afternoons for this purpose. I consider this necessary in order that I may be able to give you an opportunity of knowing the usefulness of the work, and shall hope to be able to supply you with some details of this in my next report.

Children are usually accompanied to the Clinic by parent or some responsible person, and I endeavour to impress upon them the necessity for attention to and cleansing of the teeth.

It is regrettable to find that a great majority have paid little or no attention to the ordinary methods of keeping the teeth clean. I invariably question the parent upon this matter, and at a rough estimate I find that from 75 to 80 per cent. have never used a tooth brush, and it is not to be wondered at that the mouths of some of these infants are in such a deplorable condition. Only 6 per cent. of children have been found to be free from dental caries.

The time at the disposal of the Dental Officer has only been sufficient to touch the fringe of the work, and I am of opinion that, in order to do the whole of the work efficiently, there will be need before very long to employ the services of a whole time Dental Officer.

I append abbreviated tables of the inspections and treatment carried out in the schools and clinic:—

TABLE I.—INSPECTIONS.

Month.	No. Examined	No. found perfect.	No. with Permanent Teeth erupted to which notices of treatment were sent.	No. decayed, but where treatment was not urgent.
July	377	22	56	299
September...	604	55	198	351
October.....	114	8	59	47
November...	334	14	115	205
December ...	62	1	28	33
Total	1491	100	456	935

TABLE II.—TREATMENT CARRIED OUT AT CLINIC.

Month.	Ordinary Extractions	Gas Extractions	Fillings.	Temporary Dressings.	Scalings.
July	14	—	1	—	—
September	100	—	38	4	—
October...	140	5	51	19	1
November	119	13	40	13	—
December	92	37	37	23	1
Total	465	55	167	59	2

In conclusion, I must express my thanks to my colleague, Dr. Walsh, for his loyal co-operation and for the afternoons he has given up for the administration of gas. My thanks are also

due to the Nurses for their valuable assistance, and whose care and attention to the children has been greatly appreciated by the parents.

The nature of the work at the school inspections and the clinic and the keeping of records has entailed a great amount of clerical labour, and the assistance of Mr. Francis has saved me much valuable time, which would necessarily have had to have been devoted to this part of the work.

I am,

Yours faithfully,

W. O. ROBERTS, M.R.C.S., L.R.C.P., L.D.S.